

Beautiful Plains School Division

School Psychologist Referral Form

STUDENT:	DATE:	
BIRTHDATE: (d/m/y)	GRADE:	SEX:
SCHOOL:	TEACHER:	
ADDRESS:	HOME TEL:	
FATHER (Guardian):	1	
MOTHER (Guardian):		
Academic functioning (academic strengths and weaknesses, interests, disabilities, grades repeated, school attendance, etc.)		
Emotional and social development (classroom and playground behaviour, attitudes, relations with peers and teachers, etc.)		
Briefly describe any other information which may be situation, medical problems or physical disabilities		

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Results of previous standardized achieven tests, and results)	nent and intelligence tests (give dates, names of
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Remedial action taken by school personne classroom teacher, guidance counsellor, e	
Describe the problem and indicate what sp making this referral.	ecific help you wish to obtain for the student by
I hereby authorize this referral to the school psych	ologist.
Signed:	
Signed:(Parent or Guardian)	Date
Signature of person making referral:	
(Teacher)	